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MAR 31 2005

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30256 7590 03/10/2005

SQUIRE, SANDERS & DEMPSEY L.L.P

600 HANSEN WAY

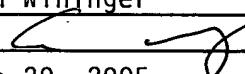
04/01/2005 MAIL DATED 04/01/2005 10602034

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Aaron Wininger	(Depositor's name)
	
(Signature)	
March 29, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602,034	06/23/2003	Norio Kimura	36701.00077	9537

TITLE OF INVENTION: CHEMICAL MECHANICAL POLISHING ENDPOINT DETECTION SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/10/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
ROSE, ROBERT A	3723		451-006000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Squire, Sanders &
2 _____ Dempsey
3 Aaron Wininger

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Ebara Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sacramento, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0150 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date March 29, 2005

Typed or printed name Aaron Wininger

Registration No. 45,229

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